

THE UNIVERSITY OF FINDLAY
Employee Expense Report

MAIL TO MY HOME _____
 PICK UP AT WINDOW _____

Name _____ ID# _____ Department _____ Account # _____

Purpose of Trip _____

DATE: _____ DATE: _____ DATE: _____ DATE: _____ DATE: _____
 No. of No. of No. of No. of No. of

ITEM	People	Cost	People	Cost	People	Cost	People	Cost	People	Cost	TOTAL COST
Breakfast											
Lunch											
Dinner											
Hotel											
Airfare											
Telephone											
Tolls											
Tips											
Personal Car Miles \$.46											
Parking											
Miscellaneous											
Total Per Day											

Please attach itemized receipts for items \$10.00 and over

_____ TOTAL \$ _____
 SIGNATURE DATE AMOUNT ADVANCED \$ _____
 _____ DATE DUE YOU/DUE UNIV. \$ _____
 SIGNATURE OF SUPERVISOR

